Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5148HHA	A. BUILDING _____ B. WING _____	12/15/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERIPRIME HOME HEALTH, INC	4660 S EASTERN AVE STE 203 LAS VEGAS, NV 89119

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on December 11, 2009 and finalized on (Date)>, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. Complaint #NV00023494 was substantiated with deficiencies cited. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	H 00		
H121 SS=C	449.758 Location to Which License Applies 1. Each license is separate and is issued to a specific person to operate a home health agency at a specific location. The home health agency must be operated and conducted in the name designated on the license with the designated service area and the name of hte person responsible for its operation also appearing on the face of the license. The license is not transferable. This Regulation is not met as evidenced by:	H121		
H124 SS=C	449.758 Location to Which License Applies 4. Each home health agency must have proof that it is adequately covered against liabilities resulting from claims incurred in the course of	H124		

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H124	Continued From page 1 operation and must verify this coverage upon it annual application to the health division. This Regulation is not met as evidenced by:	H124		